

## The Avenues Preschool

410 Third Avenue SLC UT 84103 (801) 328-0328

## The Second Avenues Preschool

91 "R" Street SLC UT 84103 (801) 328-4660

## The Eastside Preschool

1650 East 3300 South SLC UT 84106 (801) 467-2888

Early Childhood Education Enrollment Application

Child's Full Name:	Age:	D.O.B	/	
Nickname, if any:	Siblings:		Age:	
Address:	<del>-</del>		Age:	
			Age:	
Full Name of Parent or Guardian:				
1 <sup>st</sup> Parent:	2 <sup>nd</sup> Parent:			
Employer:	Employer:			
Occupation: (Cell)	Occupation: Phone (H)			
	Phone (H)	(Ce	ell)	
Email:	Email:			
Desired Schedule:				
♦ Full Time (5 Full Days)	♦ M – F Mornings	♦ M – F Mornings (limited availability)		
♦ 4 Full Days		♦ M – Th. Mornings (limited availability)		
♦ M,W,F Full Days	· · · · ·	,	7	
· · · · · · · · · · · · · · · · · · ·	e location only:			
♦ Kindergarten Extended Care ♦ After school Extended Care				
For K-3 extended care please select a schedule an			v school vour child	
			,	
	ssion:			
Choice of Payment Schedule: \( \Delta Monthly (	due the 1st) OWeekly (du	 ie Monday c	of each week)	
Please describe your family situation (e.g. married, div the needs of your child. (Note: CTI does not discrimin religion):	nate based on family type, o			
Are both parents supportive of the child attending pre	school?			
If your child is 3 or older, is he/she fully potty trained:	' (No pull-up's)			
Does your child nap for a minimum of 1 hour per day?	(children under 5)			
Has your child ever been cared for by anyone other th	an parents? Please describe t	:he program c	or situation:	
What was/is your reason for leaving?				
Has your child ever been disenrolled from a program? and teacher to child ratio.				

Please describe your child's temperament (e.g. shy, outgoing, strong willed, etc.)			
/hat are some of your child's favorite activities?			
/hat are some of your family's favorite activities?			
/hat benefits would you like your child to receive from attending our program?			
o you have any worries or concerns regarding your child attending preschool?			
n a scale of 1 to 5 (1 representing the MOST IMPORTANT) please prioritize the following:			
AcademicsSocial Skills and interactions with peersCreative ExpressionSelf-sufficiencyHand's on learning			
re there any areas of development that are of special interest to you? Please describe:			
re you willing to attend a minimum of 2 fieldtrips per year, visit the classroom periodically and be otherwise volved with your child's preschool experience?			
ease describe any special talents or areas of interest that you would be willing to share with the children?			
re there any special considerations (custody issues, behavioral concerns, severe allergies, etc.) that we should be vare of? Please describe in detail:			
Signature: Date:/			
After completing this form please change the name of the document by to your child's name, save it as an attachment and email it to Ronnie@childtimeinc.com			
There is a \$75 registration fee per family that must accompany this application.			
- <u>School Use Only</u> -			
Date received in office:// Opening available? Y N Placed on waiting list:// Interview scheduled for:// Time:: Application Fee Paid: Accepted: Denied: Letter sent:// Director's Signature: Notes:			